

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90051 011 \*\*\*150.00

**DOCUMENT # P92000011499**

1. Entity Name  
**SUPA VALU HAIR CARE CENTERS, INC.**



Principal Place of Business  
**6019 26TH ST W  
BRADENTON, FL 34207**

Mailing Address  
**6019 26TH ST W  
BRADENTON, FL 34207**



02202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0378312**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FULKS TAX ACCOUNTY, INC  
5823 28TH ST W  
BRADENTON, FL 34207**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
ROSS, HENRY H  
5918 SAYLERS CREEK CT  
BRADENTON, FL 34203**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
ROSS, TOBY  
5918 SAYLERS CREEK CT  
BRADENTON, FL 34203**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ROSS, DAVID  
2989 GENDA WAY  
DELRAY BEACH, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RIESS, LINDA  
3920 ROOSEVELT BLVD  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry H. Ross Henry H. Ross  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-04 941 755-5100